



Report to the Ranking Member,
Committee on Financial Services,
House of Representatives

April 2018

OLDER ADULT HOUSING

Future Collaborations
on Housing and
Health Services
Should Include
Relevant Agencies
and Define Outcomes

GAO Highlights

Highlights of [GAO-18-232](#), a report to the Ranking Member, Committee on Financial Services, House of Representatives

Why GAO Did This Study

According to the Census Bureau, by 2030, about 1 in 5 Americans will be 65 and older. This aging of the population presents challenges and opportunities for policymakers and service providers in helping ensure that the older population's needs—including housing and health services—are met. Federal agencies with programs that provide housing assistance to low-income older households include HUD and USDA. Several HHS programs provide those households with health services.

This report assesses the extent to which the three agencies collaborated to address the housing and health service needs of older adults living in federally assisted housing.

GAO compared agency efforts to leading collaboration practices it has identified (including written agreements; roles and responsibilities; leveraged resources; relevant participants; and defined outcomes) and interviewed HUD, HHS, and USDA officials.

What GAO Recommends

GAO is making three recommendations (one each to HUD, HHS, and USDA). They focus on including USDA in collaborations on older adult housing and health services and defining outcomes for the efforts. The three agencies concurred with GAO's recommendations. HUD stated that it had begun examining challenges relating to services for low-income rural older adults.

View [GAO-18-232](#). For more information, contact Daniel Garcia-Diaz at (202) 512-8678 or garciadiazd@gao.gov.

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Future Collaborations on Housing and Health Services Should Include Relevant Agencies and Define Outcomes

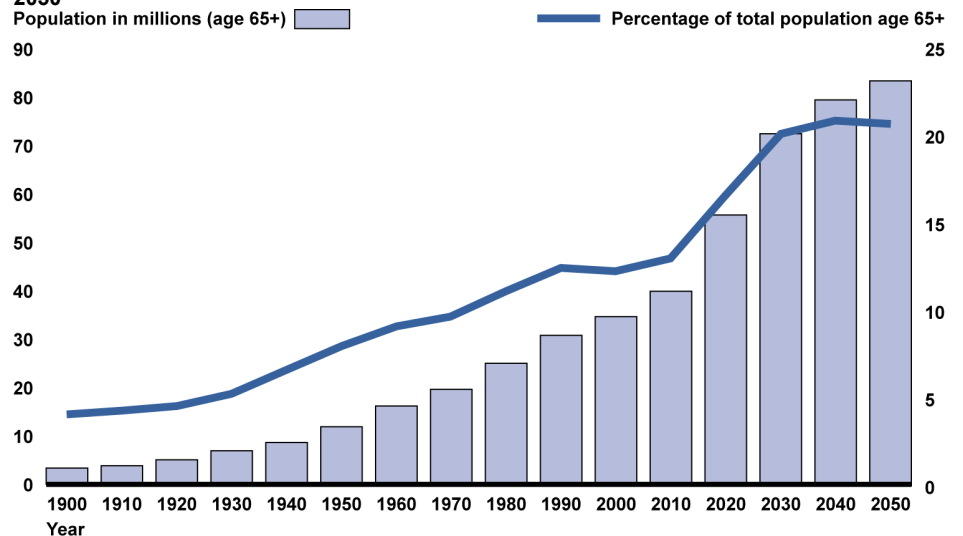
What GAO Found

The Departments of Housing and Urban Development (HUD) and Health and Human Services (HHS) have collaborated on older adult housing and health issues, but these efforts did not fully demonstrate leading practices GAO identified for effective collaboration.

- The HUD-HHS efforts demonstrated some leading practices. For example, the agencies have written agreements for data-sharing projects and have leveraged resources to conduct research on older adults.
- The Department of Agriculture (USDA) was not included in the efforts although it provides housing assistance to older rural households. GAO identified the inclusion of all relevant participants as a leading practice. According to HUD, the efforts were intended to explore the health of HUD-assisted households. However, by not including USDA in future collaborations, HUD and HHS may miss opportunities to leverage expertise and USDA may not be able to benefit from any resulting insights and improvements.
- The HUD-HHS collaborative efforts also did not define common outcomes, another leading practice GAO identified, likely because their collaboration is relatively new. Without common outcomes (for instance, focused on recipient impact or cost savings), the agencies lack measures against which to monitor, evaluate, and report the results of any collaborations.

Future collaborations would benefit from consistent USDA involvement. And by defining common outcomes, the agencies would help inform Congress and stakeholders of results achieved and strategies or areas on which to focus.

Historical and Projected Population 65 and Older as a Proportion of Total Population, 1900-2050



Source: U.S. Census Bureau. | GAO-18-232

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Abbreviations

FHA	Federal Housing Administration
HHS	Department of Health and Human Services
HUD	Department of Housing and Urban Development
USDA	U.S. Department of Agriculture

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April 26, 2018

The Honorable Maxine Waters
Ranking Member
Committee on Financial Services
House of Representatives

Dear Ms. Waters:

The Census Bureau projects that by 2030, about 74 million people (nearly 21 percent of the U.S. population) will be 65 and older—up from 49 million (15 percent) in 2016 and 35 million (12 percent) in 2000. This growth presents challenges as well as opportunities for policymakers and service providers in planning for and helping to address the needs of the older population, including housing and health services.¹ Researchers predict a shortage over the next two decades of housing suitable for the needs of older people.

A number of federal programs assist older households with housing. The Department of Housing and Urban Development (HUD) and the Department of Agriculture (USDA) administer housing programs to assist older households through rental subsidies, home loans, loan guarantees, and mortgage insurance.² Many of these programs serve the most economically insecure older adults by allowing them access to adequate and affordable housing. While it does not administer housing programs, the Department of Health and Human Services (HHS) funds health services for older adults through the Medicare and Medicaid programs,

¹In this report, we use the term “health services” to include long-term services and supports that may allow older persons to live independently, such as assistance with activities of daily living, and routine wellness or preventive health services.

²The Department of Health and Human Services (which has primary responsibility for programs serving the aging population) uses “older adults” to refer to individuals aged 65 and older. However, 62 is the age of eligibility for most federal housing programs designated for elderly households.

and a range of home and community-based services through the Older Americans Act of 1965 and Medicaid.³

At the same time that the older population is growing, programs that target or serve a significant number of older adults are challenged in a number of ways. For example, housing assistance programs have lost housing stock. In addition, a significant number of federally assisted units are occupied by older households that often receive health care and other services from different agencies than those providing the housing assistance. In this context, programs may face challenges with planning, researching, and collaborating across multiple agencies.

Under the authority of the Comptroller General, this report assesses the extent to which selected federal agencies collaborate to address the housing needs of an aging population living in federally assisted housing. This is the first of two reports that examine issues related to housing for older adults, including those who are low-income. The second report will address future demand for housing by older households and older adults' housing-related needs.

For this report, we examined housing programs that target or serve a significant number of older adults and are administered by HUD and USDA's Rural Housing Service, two agencies that provide housing assistance to renters and homeowners.⁴ We reviewed program regulations; our prior reports; Congressional Research Service reports; other agency documents; and reports and studies related to housing a growing older population. According to research studies, housing can serve as a platform for overall well-being and for health services for older adults, and access to health services can be integral to aging in place.⁵ Thus, we reviewed documentation on relevant collaborations involving HUD, USDA, and HHS. We compared the efforts to leading collaboration

³Home and community-based services funded under Title III of the Older Americans Act are available to anyone 60 or older, but are to be targeted to those with greatest economic or social need. In 2015, we reported on funding for and delivery of home and community-based services and supports to older adults. See GAO, *Older Adults: Federal Strategy Needed to Help Ensure Efficient and Effective Delivery of Home and Community-Based Services and Supports*, [GAO-15-190](#) (Washington, D.C.: May 20, 2015).

⁴The Rural Housing Service is a component of USDA's Rural Development.

⁵The Centers for Disease Control and Prevention defines aging in place as the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, ability, or income.

practices identified in our prior work.⁶ To describe any goals related to older adults, we reviewed HUD's and USDA's strategic plans for fiscal years 2014–2018, and an HHS (Administration for Community Living) strategic plan for fiscal years 2013–2018.⁷ We also interviewed and obtained documentation from HUD, USDA, and HHS officials on their programs, goals, and ongoing collaborations.

We conducted our work from April 2015 to April 2018 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Federal Housing Programs That Assist Older Adults

Older adults may receive federal housing assistance through a number of programs, but only a few programs specifically target older households. To be eligible for those programs, the head of household or spouse must be 62 or older.

Programs Targeting Older Households

HUD has two programs specifically targeted to older households—the Supportive Housing for the Elderly (Section 202) program for renters and the Home Equity Conversion Mortgage program for homeowners.

- HUD's Section 202 program is the only program that provides supportive housing targeted to very low-income older adults.⁸ Supportive housing is defined as non-institutionalized housing that

⁶GAO, *Managing for Results: Key Considerations for Implementing Interagency Collaborative Mechanisms*, [GAO-12-1022](#) (Washington, D.C.: Sept. 27, 2012).

⁷This is the first strategic plan for the Administration for Community Living, which HHS created in 2012. The two major components within the Administration for Community Living are the Administration on Aging and the Administration on Intellectual and Developmental Disabilities.

⁸According to HUD officials, Section 202 properties reserve a limited number of units for disabled persons under age 62. Prior to HUD's Supportive Housing for Persons with Disabilities (Section 811) program being established, low-income disabled persons became eligible to participate in the Section 202 program.

connects residents with the services they need to live independently, such as in-home care, meal delivery, and transportation.⁹ Until fiscal year 2012, the Section 202 program funded the development of new units.¹⁰

- The Home Equity Conversion Mortgage program, administered by the Federal Housing Administration (FHA), a component of HUD, allows older homeowners to access FHA-insured mortgages to convert some of the equity in their homes into monthly streams of income or lines of credit (reverse mortgage). In addition to being at least 62 years old, borrowers must occupy the property as a principal residence, and any existing lien on the property must be small enough to be paid off at settlement. In a reverse mortgage, the loan balance increases and home equity decreases over time. As the borrower receives payments from the lender, the lender adds the principal and interest to the loan balance, reducing the homeowner's equity.¹¹ The homeowner remains responsible for paying insurance and property taxes.

The Rural Housing Service has one homeownership program that specifically serves households aged 62 and older. The Section 504 Rural Home Repair and Rehabilitation Grant program finances the removal of health and safety hazards or remodels dwellings to make them accessible for disabled household members. According to USDA officials, grants often are made in conjunction with Section 504 loans that have a 1 percent interest rate.

⁹HUD also funds supportive service programs for residents of HUD-assisted properties who are either elderly or disabled. They are the Congregate Housing Services, Multifamily Housing Service Coordinator, and Resident Opportunity and Self-Sufficiency programs.

¹⁰HUD's Section 202 program was established by Section 202 of the Housing Act of 1959. Pub. L. No. 86-372, § 202, 73 Stat. 654, 667 (1959) (codified as amended at 12 U.S.C. 1701q). Since 1991, the program has provided capital advances and rental assistance to private nonprofit organizations to build housing that is affordable to very low-income 62-and-over households. In fiscal year 2011, Congress appropriated approximately \$100 million for new units, a reduction from previous years' appropriations of more than \$500 million. From fiscal years 2012 through 2016, appropriations were primarily for renewing existing properties' rental assistance and service coordinator contracts. However, in fiscal year 2017, Congress provided \$10 million of the program's annual appropriation to be used for capital advance and project-based rental assistance awards or for incremental senior preservation rental assistance contracts. According to HUD officials, as of March 2018, HUD was in the process of finalizing a spending plan for the funds, which would include issuing a Notice of Funding Availability for competitive grant awards.

¹¹12 U.S.C. § 1715z-20.

Other Programs That Can Serve Older Households

HUD has rental assistance programs that do not target, but serve a significant number of older households. According to HUD officials, HUD's primary rental assistance programs, including the Housing Choice Voucher, Public Housing, and Project-Based Section 8 programs, serve nearly 1.5 million such households. In addition, FHA's Section 221(d)(3) and Section 221(d)(4) Multifamily Rental Housing for Moderate-Income Families provide mortgage insurance to finance multifamily properties, some of which may be designated for the elderly. The HOME Investment Partnerships Program provides formula grants to states and localities that communities use to fund a range of activities including building, purchasing, and rehabilitating affordable housing for rent or homeownership or providing direct rental assistance to low-income households.¹²

HUD Public Housing Designated for Older Households

Local public housing agencies can apply to HUD for approval to designate public housing developments (or portions of developments, such as buildings or floors) for occupancy only by elderly families, by disabled families, or both. HUD refers to this as "designated public housing". 42 U.S.C. § 1437e. However, HUD officials stated that HUD had fewer than 40,000 units of designated public housing and the majority of elderly persons were not assisted through such housing.

Source: Department of Housing and Urban Development (HUD). | GAO-18-232

Similarly, the Rural Housing Service administers a number of homeownership and rental programs not targeted to older rural households, but that can serve them. They include the Section 502 Rural Direct Home Loan; Section 502 Home Loan Guarantee; Section 504 Rural Housing Repair and Rehabilitation Loan; and the Section 521 Rural Rental Assistance programs. The Section 521 program provides rental subsidies to low-income, elderly, or disabled households living in properties funded by the Section 515 Rural Rental Housing program and others.¹³

Finally, the Low-Income Housing Tax Credit, established under the Tax Reform Act of 1986 and administered by the Internal Revenue Service, is the largest source of federal assistance for developing affordable rental housing for low-income households, including elderly households, and as of 2017, had financed about 2.9 million rental units. It provides tax credits to encourage private-equity investment in affordable housing development.

¹²42 U.S.C. § 12701 *et seq.* HUD also administers block grant programs, including the Community Development Block Grant and Indian Housing Block Grant, which states and metropolitan cities and Native American tribes, respectively, may use to address affordable housing and other economic or community development priorities. 42 U.S.C. § 5301 *et seq.*; 42 U.S.C. § 4101 *et seq.*

¹³Section 515 provides direct loan financing for family, elderly, congregated, or group home properties. In addition to Section 515 residents, the Section 521 program also subsidizes rental assistance for residents of properties funded by USDA's Section 514 and Section 516 Farm Labor Housing loan and grant programs, respectively. According to USDA officials, Farm Labor Housing properties can house retired farm workers.

Supply of Federally Assisted Housing

Worst-Case Needs for Rental Housing

HUD tracks older adults in its biennial Worst Case Housing Needs report. HUD defines households with worst-case needs as very low-income renters who do not receive government housing assistance and paid more than half of their income for rent, lived in severely inadequate conditions, or both. The latest report (2017) indicated that severe housing problems were on the rise among unassisted renter households in 2015. This included older renters, for whom the number and proportion of households with worst-case needs increased from 2013, by 382,000 and 2.6 percentage points, respectively. In 2015, 1.85 million such households experienced worst-case housing needs, including unaffordable rents. The report noted that low-income older households that rely on fixed incomes rather than wages may be less likely to benefit from economic recovery trends that raised incomes for others in recent years.

Source: Department of Housing and Urban Development (HUD). | GAO-18-232

In recent years, HUD and USDA have lost subsidized housing stock. Losses can happen under several scenarios, including when federal rental assistance contracts expire, federally subsidized mortgages reach maturity or are paid off and owners convert the units to market-rate rentals, or units fall into disrepair. In its fiscal year 2014–2018 strategic plan, HUD reported that its public housing stock faced a capital needs backlog, estimated at \$26 billion, which would be difficult to meet given federal fiscal constraints.¹⁴ The decreasing supply of adequate affordable housing may affect older low-income renters (see sidebar), who were well represented in HUD- and USDA-assisted housing.¹⁵

In addition to losing housing stock, HUD and USDA have programs that previously added to the supply of affordable housing but no longer do so. One example is HUD's Section 202 program, which specifically serves very low-income older adults. Except for \$10 million in its fiscal year 2017 appropriation that could contribute to capital advances, since fiscal year 2012, the program has primarily funded contract renewals for existing rental assistance and for service coordinators.¹⁶ According to USDA officials, the Section 515 program (direct loans for multifamily housing) had no funds for new construction. They told us that Section 515 funds almost exclusively were being used for unit rehabilitation, and that only the Section 538 loan guarantee program was funding new construction.¹⁷ According to USDA officials, many of the rehabilitated Section 515

¹⁴Department of Housing and Urban Development, *Strategic Plan 2014-2018* (Washington, D.C.: April 2014).

¹⁵According to HUD, in 2016, 32 percent of HUD-assisted rental units (1.6 million) were occupied by 62-and-older households. This number includes older households assisted by eight multifamily housing programs that HUD tracks in its Picture of Subsidized Households dataset, including the Section 202, Project-Based Section 8, and Housing Choice Voucher programs. In 2016, according to USDA, 20.7 percent of USDA-assisted rental units (89,183) were occupied by 62-and-older households. This number includes older households assisted by the Section 521 Rural Rental Assistance program.

¹⁶In 2016, we reported on HUD's oversight of efforts by Section 202 properties to link older residents to services. See GAO, *Elderly Housing: HUD Should Do More to Oversee Efforts to Link Residents to Services*, [GAO-16-758](#) (Washington, D.C.: Sept. 1, 2016).

¹⁷The Section 538 program provides a loan guarantee to finance multifamily housing for low- and moderate-income households in rural areas. According to USDA officials, some Section 538 properties may be designated as elderly or family properties, and as of September 30, 2017, 260 loans had been made on elderly designated properties under the Section 538 program.

properties are described in loan applications as properties serving the elderly, as are some newly constructed properties funded by the Section 538 program.

Reports on Integration of Housing and Health Services

Federal and other entities have reported on a lack of integration among housing and health programs and services and the benefits of closing gaps.

- In 2002, the congressionally mandated Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century reported that a lack of integration between housing and health care for older adults resulted in inefficiencies, noting that the basis was partly historical differences in policies, funding systems, and regulatory structures.¹⁸ The Commission found that, with few exceptions, older adults obtained their housing from one source and health care and supportive services from a different source.
- In July 2015, the White House Conference on Aging highlighted the importance of collaboration across sectors and the need to better integrate housing, transportation, health care, and long-term services and supports to encourage healthy aging. It noted that opportunities existed to leverage approaches taken by states and localities to consider how best to serve older adults.¹⁹
- In 2016, the Bipartisan Policy Center's Health and Housing Task Force reported that bridging the current policy gap between housing and health had the potential to provide a number of benefits, including improving health outcomes for older adults, reducing costs incurred by the health care system, and enabling many older adults to age in their own homes and communities.²⁰
- Senior leadership in HUD's Office of Policy Development and Research recently amplified the discussion about housing and health, noting that the Housing Act of 1937 recognized the linkage between

¹⁸Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century, *A Quiet Crisis in America* (Washington, D.C.: June 30, 2002).

¹⁹The 2015 White House Conference on Aging, *Final Report* (Washington, D.C.: 2015).

²⁰Bipartisan Policy Center, *Healthy Aging Begins at Home* (Washington, D.C.: May 2016).

the two.²¹ That office also has observed that efforts to better link housing and health services hold promise to improve the ability of older adults to safely, comfortably, and more affordably age in place.

Collaboration on Housing Assistance and Health Services for Older Adults Did Not Include USDA or Define Common Outcomes

Collaborations that were focused on coordinating housing and health services for older adults involved HUD and HHS. While these collaborations demonstrated some leading practices we identified, they did not include USDA (a relevant participant) and did not define common outcomes for these efforts.

USDA, HUD, and HHS Collaborated on Some Housing and Health Service Efforts That Did Not Focus on Older Adults

USDA has collaborated with HUD on two efforts related to housing, and with HUD and HHS on one effort that addressed both housing and health services, although these efforts were not focused specifically on older adults. Officials at HUD and USDA told us that they primarily collaborated on administrative initiatives through the Rental Policy Working Group.²² For example, in 2016, HUD, USDA, and the Department of the Treasury entered into a memorandum of understanding to formalize the activities of the Rental Policy Working Group, such as reducing duplicative physical unit inspections at properties assisted by one or more of the agencies. While older renter households may benefit from administrative improvements made through the Rental Policy Working Group, its efforts were not intended to focus on any particular household type served by HUD and USDA. Under a 1991 memorandum of understanding, HUD and

²¹Department of Housing and Urban Development, Office of Policy Development and Research, "Health, Housing, and Data Matching," *PD&R Edge* (Washington, D.C.: Dec. 11, 2017), accessed on January 9, 2018, at <https://www.huduser.gov/portal/pdredge/pdr-edge-frm-asst-sec-121117.html>.

²²The Rental Policy Working Group was established in 2010 by the White House Domestic Policy Council. Its participants include the Domestic Policy Council, HUD, USDA, Treasury, the National Economic Council, and the Office of Management and Budget. We previously discussed the Rental Policy Working Group as one of four federal interagency groups that exhibited some of the practices that we identified can enhance and sustain collaboration. See [GAO-14-220](#).

USDA also are required to coordinate where both agencies' rental programs could overlap in serving rural families.²³

In 2016, USDA started participating in interagency training intended to help coordinate the provision of home and community-based services and supports to vulnerable populations, including older adults. The training was initiated by HHS, and since 2011, HHS and HUD have conducted it for program staff as part of their efforts to strengthen cross-agency collaboration. In 2017, the 1-day training session focused on housing as a platform for improving the quality of life of persons with disabilities, older adults, and other at-risk populations. USDA participated in a discussion on housing and health collaboration between federal, state, local, and community partners. Representatives of both HUD and HHS said that USDA's increased participation had been positive. HUD officials also told us that in 2018, the agenda for the 1-day training would focus on housing and health supports for older and disabled persons living in rural areas.²⁴

Additionally, in 2016, HUD and USDA began coordinating on developing topics for HUD's research agenda. Specifically, HUD's Office of Policy Development and Research develops a research agenda with input from external stakeholders, and both HUD and USDA officials told us of efforts to develop rural housing topics for inclusion in HUD's research. HUD Policy Development and Research officials stated that HUD conducted extensive research in rural areas and was interested in coordinating more with USDA, though this research has not been specific to older adult issues.²⁵ In response to HUD's outreach, USDA submitted topics to HUD, some of which were incorporated into HUD's 2017 research agenda update. They include the relationship between housing, food, and health and the impact of home equity loss on rural homeowners, particularly those who are aging.

²³According to HUD officials, HUD and USDA housing assistance typically overlapped only when HUD provided rental assistance to households living in developments funded by USDA's Section 515 program. They said that HUD also had funded community buildings such as a computer lab at USDA-funded developments. HUD officials told us that, as of August 2017, HUD was providing project-based Section 8 rental assistance to approximately 50,000 households living in properties funded by USDA's Section 515 program.

²⁴Other federal entities such as the U.S. Interagency Council on Homelessness and the Department of Justice have attended the training sessions.

²⁵USDA's principal research entities, the Agricultural Research Service and Economic Research Service, generally do not conduct housing studies.

HUD and HHS Have Had Several Collaborations on Services and Data Sharing for Older Adults

HUD and HHS have undertaken multiple collaborative efforts that link data on housing and health services and often have focused on older adults.

- The Support and Services at Home demonstration was launched in 2011 to connect older residents of affordable housing properties with home and community-based supportive services and promote health care coordination. The latest evaluation report was published in January 2016 and described the program’s ongoing implementation and impact from 2011 through 2014. It found lower rates of growth in Medicare expenditures among program participants than among a comparison group.²⁶ As of August 2017, HUD representatives told us that the departments were still collaborating on evaluating the demonstration.
- Data sharing between HUD and HHS on another demonstration program—the Supportive Services Demonstration for Elderly Households in HUD-Assisted Multifamily Housing—began in 2014. Like the Support and Services at Home demonstration, the Supportive Services Demonstration is intended to test aging-in-place models that show potential for delaying or avoiding the need for nursing home care. HUD has been conducting a 4-year, two-part evaluation, which includes an evaluation of the implementation process and an impact evaluation that will match Medicare claims data from HHS’s Centers for Medicare and Medicaid Services and HUD administrative data. HUD and HHS completed a pilot of the data match in 2014, and HUD has submitted two semi-annual reports to Congress on program implementation, the latest in May 2017. HUD officials stated that in October 2017, HUD secured a contract to conduct a full evaluation of the Supportive Services Demonstration, as described above. According to the officials, the demonstration implementation team conducted an in-person, 2-day training event for care coordination teams in November 2017.
- The National Center for Health Statistics at the Centers for Disease Control and Prevention, also a component of HHS, in 2014 began to link national health survey participant data to HUD administrative data covering HUD’s largest housing assistance programs through 2014. The data linkage is intended to help those agencies and other federal

²⁶Department of Health and Human Services, *Support and Services at Home (SASH) Evaluation: Second Annual Report* (Washington, D.C.: January 2016).

entities and researchers complete independent projects for statistical and research purposes. The first linkage included two household surveys (National Health Interview Survey and National Health and Nutrition Examination Survey) that covered 1999–2012 and it was completed in July 2016. HUD officials told us that HUD and HHS were working on the second data linkage project. HHS confirmed that the second linkage was underway as of February 2018, with an expected completion date of summer 2018. It will add survey years 2013–2016 and administrative data years through 2016. While the project was not focused specifically on older adults, it could include a significant proportion of older adults living in non-institutionalized settings who receive housing assistance from HUD.

- HHS’s Office of the Assistant Secretary for Planning and Evaluation and HUD completed a study on health care utilization among HUD-assisted older adults in 12 jurisdictions, and published a final report in August 2016.²⁷ The study, which began in 2009, explored the feasibility of matching administrative data from HUD and HHS’s Centers for Medicare and Medicaid Services to determine if doing so could help track housing and health outcomes, and reliably support future research and policy analysis. More specifically, it linked HUD individual tenant-level data to Medicare and Medicaid beneficiary enrollment, payment, and claims data. In the 2016 report, HHS and HUD found that, controlling for previously identified factors, HUD-assisted dual Medicare-Medicaid beneficiaries were less likely to use some Medicare-covered services such as acute hospital stays, but more likely to use Medicaid-covered home and community-based supportive services. According to the report, the study demonstrated that linking the agencies’ data could inform decisions about future program investment.

Select Collaborations Did Not Include USDA or Define Common Outcomes

We found that the collaborative efforts between HUD and HHS (pilot programs and data sharing related to older adults) demonstrated some but not all relevant leading practices we previously identified for effective interagency collaboration. As we reported in 2012, interagency collaborative mechanisms can be enhanced by leading practices, including written guidance and documenting agreements on how the participating agencies will be collaborating, clarifying roles and

²⁷Department of Health and Human Services, *Picture of Housing and Health Part 2: Medicare and Medicaid Use among Older Adults in HUD-Assisted Housing, Controlling for Confounding Factors* (Washington, D.C.: August 2016).

responsibilities, leveraging resources (such as funding and staffing), including all relevant participants, and clearly defining outcomes.²⁸

Written Guidance and Agreements

HUD and HHS established interagency agreements or memorandums of understanding for collaborative efforts that focused on or included older adults. For example, HUD and HHS entered into a memorandum of understanding for the National Center for Health Statistics data linkage effort and had contracts for the Support and Services at Home demonstration and other collaborations. Our leading collaboration practices state that agencies articulating their agreements in formal documents can strengthen their commitment to working collaboratively, as long as they are continually updated and monitored.

Roles and Responsibilities

The roles and responsibilities of agencies participating in a collaborative effort may be defined in a number of ways, including through laws, policies, memorandums of understanding, or other requirements. Clarity of roles and responsibilities allows participating agencies to understand and agree on accountability for the joint effort, and a process for making and enforcing decisions. In accordance with their memorandum of understanding, HUD and HHS had clear roles and responsibilities for the National Center for Health Statistics data linkage effort. For example, the agreement documented specific data that HUD was to provide to the National Center for Health Statistics and how the latter would attempt to link HUD's data to its survey participant data. It also specified both agencies' roles in data access, storage, and disposition.

Leveraging Resources

Collaborating agencies should identify human, information technology, physical, and financial resources needed to initiate or sustain their collaborative effort. And it is important that the agencies leverage sufficient resources to accomplish their objectives. HUD's and HHS's written agreements generally included a description of how they would leverage each agency's resources, including staffing, funding, and data. For the Support and Services at Home demonstration, HUD provided resources to help evaluate the program model, while HHS funded a wellness nurse who worked with a service coordinator to perform such tasks as assessing residents' needs; identifying and coordinating service delivery; monitoring receipt and follow-through of services; and building and sustaining partnerships with providers.

²⁸[GAO-12-1022](#).

Relevant Participants

HUD and HHS, including their component agencies and offices, were the main participants in these collaborative efforts. HUD officials stated that USDA was not included because these collaborative efforts were pilots originally intended to better understand the health of households assisted by HUD.²⁹ But no current plan exists to include USDA in such collaborative efforts in the future.

As these collaborative efforts mature, USDA, which provides assistance to low-income older adults in rural areas, may benefit from inclusion. Effective collaborative efforts benefit from having participants with the necessary knowledge, skills, and abilities to contribute to the outcomes of the collaboration. Officials at HUD and HHS said they were open to greater collaboration with USDA in the future. And while HUD has a presence in rural communities, USDA's participation would allow the Rural Housing Service to provide input on and help address challenges that may be unique to rural older adults. By not including USDA in future collaborative efforts on older adult housing and health services, HUD and HHS may miss opportunities to identify and respond to the changing needs of some older adults living in federally assisted housing—such as by drawing on the experience and resources of the Rural Housing Service in serving rural populations.³⁰ In addition, USDA may miss opportunities to benefit from lessons learned or programmatic improvements that HUD and HHS might undertake as a result of their collaborations.

Outcomes

Although HUD and HHS have established specific objectives for their various evaluations and data-sharing initiatives, they have not defined common outcomes for these collaborative efforts. For example, while some of these efforts were expected to explore the housing and health relationship and inform more evidence-based program decisions, the agencies have not defined common outcomes for their interagency efforts as a whole. We reported that collaborating entities should determine whether they have clearly defined short-term and long-term outcomes,

²⁹As previously stated, HUD may provide rental assistance to rural households, including those living in properties financed by USDA.

³⁰HHS's Administration on Aging and USDA's Rural Development established a memorandum of understanding in 1990 to support joint efforts to improve coordination of programs serving the housing and service needs of rural elderly people. According to USDA officials, the agreement was intended to encourage field staff and networks to share information to better serve the elderly population in rural areas, and those efforts continue at a local level, with local aging resource agencies referring older homeowners to USDA for assistance.

can track their progress, and whether they each have collaboration-related performance standards against which to evaluate individual performance.³¹

Such common outcomes could include both quantitative and qualitative information. For example, a set of measures against which to track and monitor their collaborations (including demonstrations, data matching, and studies) might include the extent to which hospital stays were reduced, as noted for the Support and Services at Home and Supportive Services demonstrations, or program costs saved. Monitoring and reporting such measures would provide greater transparency to agency and congressional decision makers about how these collaborative efforts have resulted in potential cost savings and other benefits across agency lines. A more long-term common outcome could include developing proposals for programmatic improvements that would leverage the lessons learned from the collaborative efforts.

Senior leadership at HUD has said that HUD considers the nexus of housing and health to be a priority for future work, and that federal agencies needed to continue finding ways to move beyond their programmatic scope to engage in more comprehensive, cross-cutting efforts. The official pointed to data-matching efforts with HHS as low-cost initiatives that could enhance HUD's knowledge about the health status of assisted households and potentially inform cost-saving policies.³²

Because many of their collaborative efforts began in the last 5 years and some remain ongoing, HUD and HHS may not have prioritized developing common outcomes that relate both to older adult housing and health services. In contrast, HUD and HHS have developed broader goals that relate to how they serve older adults.³³ However, without defined common

³¹[GAO-12-1022](#).

³²Department of Housing and Urban Development, Office of Policy Development and Research, "The Housing and Health Connection from the Data Side," *PD&R Edge* (Washington, D.C.: Sept. 8, 2014), accessed on January 11, 2018, at https://www.huduser.gov/portal/pdredge/pdr_edge_frm_asst_sec_090814.html.

³³HUD implemented a new strategic goal of using housing as a platform to improve quality of life, and promoting health and housing stability among vulnerable populations was an objective under that goal. HUD officials noted that HUD was deliberate in including older adults as a vulnerable population. HHS's Administration for Community Living has a strategic goal of enabling people with disabilities and older adults to live in the community through available and accessible high-quality, long-term services and supports.

outcomes to help guide ongoing and future efforts, HUD and HHS (and potentially USDA) lack measures against which to monitor, evaluate, and report the results of their collaborative efforts.

Conclusions

Federal agencies, particularly HUD and HHS, have found opportunities to collaborate in meaningful ways on services provided to older adults. But collaborative federal efforts to address the housing needs of older adults and tie into health services would benefit from consistent USDA involvement and from defining common outcomes. Greater USDA participation would result in a better nationwide assessment of the housing and health needs of older Americans who live in all federally assisted housing and leverage USDA's expertise and resources in serving rural populations. Outcome information would help the agencies articulate to stakeholders and Congress the results the collaborations achieved; activities, strategies, or areas on which to focus in the future; and how scarce federal resources were leveraged and managed.

Recommendations for Executive Action

We are making a total of three recommendations (one recommendation each to HUD, HHS, and USDA):

The Secretary of Housing and Urban Development should work with HHS and USDA's Rural Development to define common outcomes and identify opportunities to include USDA in future collaborative efforts on older adult housing and health services. (Recommendation 1)

The Secretary of Health and Human Services should work with HUD and USDA's Rural Development to define common outcomes and identify opportunities to include USDA in future collaborative efforts on older adult housing and health services. (Recommendation 2)

The Assistant to the Secretary for Rural Development should work with HUD and HHS to define common outcomes and identify opportunities to include USDA in future collaborative efforts on older adult housing and health services. (Recommendation 3)

Agency Comments and Our Evaluation

We provided a draft of this report for review and comment to HHS, HUD, and USDA. HHS and HUD provided written comments that are reproduced in appendixes I and II, respectively. USDA provided technical comments, which we incorporated as appropriate. All three agencies concurred with our recommendations. The Deputy Administrator of

Multifamily Housing Programs provided USDA's concurrence in an e-mail dated April 11, 2018.

In its comment letter, HUD stated that our recommendation to include an additional agency in housing and health demonstrations is consistent with direction provided by the Senate Committee on Appropriations in fiscal year 2016.³⁴ The committee directed HUD to partner with other federal agencies to pursue a service coordination demonstration in non-metropolitan areas. HUD noted that the committee advised it not to delay existing demonstration efforts while a non-metropolitan component was being designed. HUD also stated that it convened an expert panel to better understand challenges to service coordination for low-income older adults in rural areas, and summarized the findings in a report. HUD said further action on the panel report was contingent on funding availability and direction from appropriations committees. HUD stated that, in regard to our recommendation that additional federal agencies might benefit from data-linkage projects similar to its project with the National Center for Health Statistics, it would be pleased to offer assistance, guidance, and insights to other agencies. Our recommendation is that HUD work with HHS and USDA's Rural Development to define common outcomes and identify opportunities to include USDA in future collaborative efforts on older adult housing and health services. This would include data sharing, service demonstrations, research, and other collaborations. Ongoing housing and health collaborations among HUD, HHS, and USDA would benefit from greater USDA involvement, which also would serve to enhance assessments of the housing and health needs of older Americans in federally assisted housing.

³⁴S. Rep. No. 114-75, at 132 (2015).

We are sending copies of this report to the appropriate congressional committees, the Secretary of Agriculture, the Secretary of Health and Human Services, the Secretary of Housing and Urban Development, and other interested parties. In addition, the report is available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-8678 or garcia Diaz@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix III.

A handwritten signature in black ink, appearing to read "Daniel Garcia-Diaz", with a long horizontal flourish underneath.

Sincerely yours,
Daniel Garcia-Diaz
Director, Financial Markets and Community Investment

Appendix I: Comments from the Department of Health and Human Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

APR 11 2018

Daniel Garcia-Diaz
Director, Financial Markets and Community Investments
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Mr. Garcia-Diaz:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, "*Older Adult Housing: Future Collaborations on Housing and Health Services Should Include Relevant Agencies and Define Outcomes*" (GAO-18-232).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

A handwritten signature in blue ink that reads "Matt D. Bassett".

Matthew D. Bassett
Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH AND HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED - OLDER ADULT HOUSING: FUTURE COLLABORATIONS ON HOUSING AND HEALTH SERVICES SHOULD INCLUDE RELEVANT AGENCIES AND DEFINE OUTCOMES (GAO-18-232)

The U.S. Department of Health and Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report.

Recommendation 2

The Secretary of HHS should work with the Department of Housing and Urban Development and the Department of Agriculture's (USDA's) Rural Development to define common outcome and identify opportunities to include USDA in future collaborative efforts on older adult housing and health services.

HHS Response

HHS concurs with GAO's recommendation.

Appendix II: Comments from the Department of Housing and Urban Development



OFFICE OF POLICY DEVELOPMENT
AND RESEARCH

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, DC 20410-6000

April 11, 2018

Dan Garcia-Diaz
Director, Financial Markets and
Community Investment
U.S. Government Accountability Office
441 G St, NW
Washington, DC 20548-0001

Dear Mr. Garcia-Diaz,

On behalf of the Department of Housing and Urban Development's Office of Policy Development and Research (PD&R), I would like to thank the Government Accountability Office (GAO) for this report and for this opportunity to provide comments. The report provides useful information on a number of initiatives underway at HUD as well as the Departments of Health and Human Service (HHS) and Agriculture related to affordable housing and supportive services for seniors.

In particular, I would like to highlight two key efforts spearheaded by HUD - the HUD Supportive Services Demonstration, also known as Integrated Wellness in Supportive Housing (IWISH); and the groundbreaking data matching project undertaken by HUD in collaboration with the National Center for Health Statistics (NCHS) and the Centers for Disease Control and Prevention (CDC).

Housing and Services Demonstrations

Integrated Wellness in Supportive Housing (IWISH) is an intensive research-based effort to test a model of housing and supportive services designed to help low-income senior tenants to age in their own homes and delay or avoid the need for nursing home care. In January 2017, HUD awarded \$15 million in grants to owners of 40 HUD-assisted senior housing properties in California, Illinois, Maryland, Massachusetts, Michigan, New Jersey, and South Carolina. Grant funds pay for resident wellness directors and wellness nurses to coordinate necessary social and health services for residents. The demonstration utilizes a rigorous random assignment design to determine the impact of the enhanced supportive services model on: 1) aging in place in HUD-assisted senior developments; 2) avoiding early transitions to institutional care, and; 3) preventing unnecessary and often costly health care utilization-such as some emergency room visits and hospitalizations. During the development of the demonstration, HUD consulted with the Centers for Medicare and Medicaid Service (CMS) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) at HHS. Expert staff from HHS also continue to provide vital input through participation on the expert panels for the implementation and evaluation contracts.

It should be noted that IWISH builds on a similar and related effort - the Support and Services at Home (SASH) Evaluation conducted jointly by HUD and HHS. Launched in 2011, SASH is designed to connect older adults living in affordable senior housing properties with community-based health care and support services in order to promote greater care coordination, improve health status, and slow the growth of health care expenditures. Implemented in the State of Vermont, eligible non-profit housing providers were

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Appendix II: Comments from the Department of Housing and Urban Development

located in urban and rural parts of the state, and included housing subsidies provided by HUD, USDA, Low-Income Housing Tax Credits and the state. The evaluation compared health outcomes and service utilization of SASH participants with those of Medicare beneficiaries living in HUD-assisted properties not participating in SASH.

Recent key findings from the SASH program were presented in the March 2017 report, “Support and Services at Home (SASH) Evaluation: Evaluation of the First Four Years.” The report found that SASH had a positive impact on the health and functional status of participants. SASH participants, in addition, reported fewer issues with medication management. An exciting finding was that Medicare expenditures grew at a slower rate than expected (based on comparison group trends) among a subgroup of SASH participants. Further research is underway to investigate why Medicare expenditure growth was slowed in some SASH sites but not in others.¹

GAO’s recommendation that demonstration programs could benefit from drawing on additional partner agencies is consistent with the direction of the U.S. Senate Appropriations Committee. The Senate Committee Report to accompany the FY 2016 Transportation-HUD bill directed HUD to, “to partner with other Federal agencies in order to pursue a demonstration design on service coordination that is adapted to non-metropolitan areas.” The Committee noted however, that designing a research methodology to study unique needs of rural areas presented challenges and time constraints for the existing demonstration and therefore did “not direct the Department to delay the current demonstration design until a non-metropolitan component is designed.”

In response to this direction from the U.S. Senate, in September 2015, HUD’s Office of PD&R convened a panel of housing and health experts to better understand the challenges to housing and service coordination for low-income seniors in rural America. Experts were invited to offer observations about the needs, barriers, and experiences with aging in place in diverse rural areas and discuss the feasibility of an enhanced service coordination pilot to support independence for aging seniors in rural communities. The panel included academic experts, advocates and officials from federal agencies including Health and Human Services and the Department of Transportation. Key participants included experts from CMS, ASPE, HHS’ Health Resources and Services Administration’s National Advisory Committee on Rural Health and Human Services and the Federal Office of Rural Health Policy. Results from this panel were released in the, “*Summary Report on Senior Housing and Services: Challenges and Opportunities in Rural America*” (October 2015)² Implementation of a follow up demonstration or other effort based on the valuable input from the panel is contingent on the availability of funding and ongoing direction from the appropriations committees on priorities for future research.

Housing and Health Data

In 2016, in a groundbreaking effort, HUD together with the National Center for Health Statistics, released the results of a major data integration effort. This effort linked administrative records for individuals receiving housing assistance from HUD with records from the National Health Interview Survey. Data are now available for agencies and researchers to examine a vast array of issues, including the relationships between affordable housing, health risk behaviors, medical coverage and both general and specific health

¹ See, HHS, “Support and Services at Home (SASH) Evaluation: Highlights from the First Four Years Research Summary” (March 2017) available at: <https://aspe.hhs.gov/basic-report/support-and-services-home-sash-evaluation-highlights-first-four-years-research-summary>

² HUD, Office of Policy Development and Research, “Summary Report on Senior Housing and Services: Challenges and Opportunities in Rural America” (October 2015). Available at: <https://www.huduser.gov/portal/sites/default/files/pdf/Senior-Housing-Services.pdf>

Appendix II: Comments from the Department of Housing and Urban Development

issues.

A major report on the demographics and health of HUD-assisted residents, as well as key health issues facing them, was released in March 2017.³ In addition, private academic researchers have already been able to draw upon this rich source of information and have issued further reports on specific health related topics, including disabilities, lead exposure, cigarette smoking, insurance rates and unmet health needs.⁴

In terms of GAO's recommendation that additional federal agencies might benefit from similar data-linkage projects, HUD would be pleased to offer its assistance, guidance and insights gained during the implementation of this model interagency collaboration with other federal agencies seeking to undertake similar efforts. A technical report is available that describes the data sources, methods used for the linkage, details of the resulting linked data files, linkage rates, and analytic considerations in using the linked data.⁵

Additional Information

Additional information on affordable housing and services for seniors was issued by PD&R in the *Evidence Matters* periodical. The issue included articles on the topics of:

- Housing for Seniors: Challenges and Solutions
- Communities Support Seniors With Aging-Friendly Policies
- Housing Challenges of Rural Seniors

The articles discuss program details, barriers and challenges, as well as case study examples and promising strategies.⁶

GAO Recommendation

GAO recommends that HUD, "should work with HHS and USDA's RHS to define common outcomes and identify opportunities to include USDA in future collaborative efforts on older adult housing and health services."

As a general matter, HUD agrees on the benefits of increased collaboration with other federal agency partners and has undertaken a number of recent large scale interagency efforts (including several highlighted by GAO in this report). Future efforts could include consideration of additional federal agencies, as well as state, local and private sector organizations and stakeholders. HUD also agrees that joint interagency efforts should include consideration of common objectives, tracking measures and outcomes, where those are feasible and within the scope of the given project. HUD notes that interagency collaborations by necessity must include consideration of not only benefits but potential for increased cost, time and risk and are subject to a number of contingencies (e.g.

³ HUD, Office of Policy Development and Research, "A Health Picture of HUD-Assisted Adults, 2006–2012" (March 2017). Available at: <https://www.huduser.gov/portal/publications/Health-Picture-of-HUD.html>
<https://www.huduser.gov/portal/publications/Health-Picture-of-HUD.html>

⁴ HUD, PD&R, "Message From PD&R Senior Leadership: Health, Housing, and Data Matching," *The Edge*, December 2017. <https://www.huduser.gov/portal/pdredge/pdr-edge-fm-asst-sec-121117.html>

⁵ HHS, "Linkage of 1999–2012 National Health Interview Survey and National Health and Nutrition Examination Survey Data to U.S. Department of Housing and Urban Development Administrative Records," *Vital and Health Statistics, Series 1, Number 60* (November 2017). Available through: <https://www.huduser.gov/portal/publications/Vital-and-Health-Statistics.html>


⁶ HUD, Office of Policy Development and Research, *Evidence Matters*, Summer 2017. available at: <https://www.huduser.gov/portal/periodicals/em/summer17/highlight1.html>

**Appendix II: Comments from the Department
of Housing and Urban Development**

planning, research design, policy goals, funding availability).

Once again, HUD and the Office of Policy Development and Research would like to thank GAO for their valuable input and work on this report.

Sincerely,



Todd Richardson
Acting General Deputy Assistant Secretary
Office of Policy Development and Research
Department of Housing
and Urban Development

Appendix III: GAO Contact and Staff Acknowledgments

GAO Contact

Daniel Garcia-Diaz, (202) 512-8678 or garciadiazd@gao.gov

Staff Acknowledgments

In addition to the contact named above, Paul Schmidt (Assistant Director), Bernice Benta-Jackson (Analyst in Charge), Abigail Brown, Stephen Brown, William Chatlos, Charles Culverwell, Kirsten Lauber, John McGrail, Marc Molino, Dae Park, Nadine Garrick Raidbard, Barbara Roesmann, Joseph Silvestri, and Jeff Tessin made key contributions to this report.

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